DOGGY DAYCARE CONTRACT

OWNER'S NAME:	
EMAIL ADDRESS:	
RESIDENCE ADDRESS:	
MAILING ADRESS:	

HOME PHONE:		**OTHER PHONE:**	
EMERGENCY CONTACT NAME:		**PHONE:**	
VETERINARIAN'S NAME		**PHONE:**	

DOG(S) NAME	BREED	COLOR	UID	AGE/ SEX	CBJ LICENSE #
1.					
2.					
3.					

WE MUST HAVE PROOF OF THE FOLLOWING*:

- **Dog must have a *CURRENT* CBJ license.**
- **Dog must be spayed or neutered.**
- **Current on vaccinations for: Distemper combination, Bordetella, Rabies.**
- **Dog must have a negative fecal or treatment w/broad-spectrum de-wormer within the last 90 days.**
- **Dog must be treated with a veterinary approved flea medication every 30 days *(examples: Frontline, Advantage, Revolution, Sentinel).**** *JAR offers all of these services to our Daycare clients.*

COSTS:

Daycare: *$30 each day per dog*	**Daycare while Overnight Boarding:** *Additional $15 per day*
Late Pick-Up Fee: *$10 After 5:30*	**Boarding Bath:** *$24*

PLEASE READ AND AFFIRM THE FOLLOWING:

- **I give JAR my permission to walk my dog(s) off premises.**
- **I agree to make appointments a week in advance by email with the Doggy Daycare Coordinator.**
- **I understand that my Doggy Daycare bill must be paid for within one month of billing or my dog(s) will not be allowed to attend daycare until my bill has been paid in full.**
- **I understand that JAR will not be responsible for any veterinary charges or fees that may be incurred through injuries sustained while in Doggy Daycare.**
- **I understand that I will be charged an additional $10.00 for dogs not picked up by 5:30pm.**
- **I understand that while every reasonable precaution will be taken by JAR to prevent accidents; fire, injury, escape, etc. to animals in the JAR Doggy Daycare program; they are at JAR under my, the owner *(or caretaker's)* risk.**
- **Any animal left longer than 48 hours past the designated pick-up time, without proper notification, will be considered abandoned and become property of the Juneau Animal Rescue. All charges and fees up to that time are still applicable.**

I hereby agree to all of the above conditions as owner or caretaker of this animal.

Signature: _____ **Date**_____

MEDICAL INFORMATION

OWNER'S NAME:			
EMAIL ADDRESS:			
RESIDENCE ADDRESS:			
MAILING ADRESS:			
HOME PHONE:		**OTHER PHONE:**	
EMERGENCY CONTACT NAME:		**PHONE:**	
VETERINARIAN'S NAME		**PHONE:**	

Initial each treatment you authorize JAR to administer to your dog when your dog is due. You will be billed accordingly. Please indicate whether you would like to be notified <u>before</u> we perform these treatments by checking the box next to the words "Prior notification requested"

If you elect to have your private veterinarian provide the medical requirements, proof of updated treatments must be provided to JAR <u>prior</u> to the expiration date in order to continue attending Doggy Daycare. *Note: If sent from your vet office, please check with DDC Coordinator that records have been received.*

Dogs Name(s)**:**_____

<u>ALL DOGS MUST BE CURRENT ON MEDICAL REQUIREMENTS TO PARTICIPATE IN DOGGY DAYCARE</u>

Medical Requirements	Expiration Date	JAR Authorization	Private Veterinarian
Rabies		**Prior notification requested** ☐	
Bordetella		**Prior notification requested** ☐	
DHPP (Distemper)		**Prior notification requested** ☐	
***Fecal Exam**		**Prior notification requested** ☐	
***Flea Treatment**		**Prior notification requested** ☐	

****Fecal Exam: Dogs must have a negative fecal exam or treatment with a broad spectrum de-wormer within the last 90 days.***

****Flea Treatment: Dogs must be treated with a veterinary approved flea medication within the last 30 days.***

MEDICAL INFORMATION CONTINUED

Does your dog have any allergies or medical conditions we should be aware of? Please list below:

_____

_____

_____

Has your dog had any major surgeries that may affect their behavior or exercise tolerance? Please list below:

_____

_____

_____

By signing below, I hereby agree to all of the above stated conditions as owner/caretaker of this animal.

Printed Name _____

Signature _____ **Date**_____

BEHAVIORAL QUESTIONAIRE

We are very excited to welcome your dog to Daycare. Before we can accept your dog we ask that you fill out this section to the best of your knowledge for each individual dog. This will ensure your dog is matched to staff and other canines to ensure your dog can have the best time while attending Daycare.

Dog's Name: _____

(One dog per questionnaire)

Please tell us about your dog:

_____
_____
_____
_____
_____
_____
_____

Describe how your dog spends the majority of his/her time:

_____
_____
_____

What kind of exercise does your dog enjoy most (walks, running, biking, fetch, ext)

_____
_____
_____

What sort of play does your dog enjoy most?

☐ *Chase* ☐ *Tug* ☐ *Fetch* ☐ *Wrestle* ☐ *Other:* _____

A typical walk with my dog looks like:

_____
_____
_____

Does your dog pull while being walked? And is it all the time or does he have certain triggers?

_____
_____
_____

BEHAVIORAL QUESTIONAIRE

Describe your dog's behavior around other dogs:

_____
_____
_____

What is your dog's general attitude to training, and what are his or her favorite rewards?

_____
_____
_____

What training methods or philosophies do you use at home?

_____
_____
_____

Does your dog come when called?

_____
_____

Does your dog sit on command?

_____
_____

What do you consider your dog's most undesirable behavior?

_____
_____
_____

When guests come over my dog….:

_____
_____
_____

Describe your dog's reaction to being left alone:

_____
_____
_____
_____

BEHAVIORAL QUESTIONAIRE

Please use the charts below to check off behaviors or dogs your dog may, or may not like or exhibit. This will help match your dog accordingly to staff members, & other dogs to ensure your dog gets all the socialization & restrictions he/she needs.

Behaviors	Unsure	Never	Occasionally	Often
House Soiling				
Excessive barking or howling				
Stool eating				
Jumping on guests or strangers				
Chasing cars, people, or other dogs				
Dominant				
Submissive				
Fearfulness (Shy or phobic)				
Very Excitable				

Type Of Dog	Yes	Tolerable	No	Unsure
Puppies				
Playful Dogs				
High Energy Dogs				
Barky Dogs				
Small Dogs				
Large Dogs				
Dominant Dogs				
Submissive Dogs				
Male Dogs				
Female Dogs				

BEHAVIORAL QUESTIONAIRE

We are almost ready to welcome your dog to Daycare. Please answer the questions below and let us know any additional information about your dog that has not been covered. Being thorough and honest will help ensure your dog has the best time while attending Daycare.

Does your dog have any history of aggressive behavior? Be honest, this will not keep your dog out of the program if you answer yes. Explain:

_____
_____
_____
_____
_____
_____

What is your overall goal by enrolling your dog in daycare?

_____
_____
_____
_____
_____
_____

Is there anything else you would like us to know about your dog?

_____
_____
_____
_____
_____
_____

PERMISSION SLIP

Doggy Daycare is a very exciting time for dogs to come and enjoy their days while participating in a variation of activities. Before we enroll your dog in Daycare we ask parents to give us permission for treating for good behavior.

Dog Treat Permissions

As owner of this dog, I give permission for JAR staff to give my dog treats:

☐ **I give my permission for the JAR to give my dogs treats throughout the day while training.**

☐ **I do not give JAR staff permission to give my dog treats throughout the day while training**

☐ **My Dog has Allergies:** ***(Owners of dogs with food allergies must bring their own treats)***

_____

_____

_____

By signing below, I hereby affirm to all of the above stated conditions as owner/caretaker of this animal.

Printed Name _____

Signature _____ **Date**_____

JUNEAU ANIMAL RESCUE
PERMISSION TO TREAT FORM

Confidential Client Information			
Owner's Name		**Co-Owner's Name**	
Address		**City**	**Zip**
Home Phone	**Work or Cell Phone**	**Emergency Contact Name**	
Email Address		**Emergency Contact Phone**	

Patient Information

Name of Animal	Species (Dog/Cat)	Breed	Sex	Altered? (Fixed)	Color	DOB/Age

Payment Policy

Payment is due upon release of pet. We do not bill. We accept cash, personal checks, VISA, MASTERCARD & DISCOVER in person or over the phone. Deposits may be required prior to extensive medical/surgical procedures. Please request an estimate.

Authorization/Consent

I, the undersigned owner or authorized agent of the above patient(s) hereby authorize the veterinarian and staff of the Juneau Animal Rescue clinic to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically, including routine vaccinations. The nature of such services has been described to me to my satisfaction and I realize that no guarantee or warranty can ethically or professionally be made regarding results or cure. I understand that I assume financial responsibility for all services rendered and agree to pay all such charges at the time of the patient's release.

Owner/Authorized Agent Signature **Date**